

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25094

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE MISSOURI b. COUNTY JASPER							
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN WEBB CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN WEBB CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) JANE CHINN HOSPITAL				Length of stay in lb 35 YEARS		d. STREET (If outside, give location) ADDRESS 406 E. THIRD			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE Last FRANK WINFRED DUNAWAY						4. DATE OF DEATH Month JULY Day 9 Year 1957					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH AUGUST 30, 1906		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months Days Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CEADER, CO. MO.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JIM DUNAWAY						14. MOTHER'S MAIDEN NAME CORR GORDAMILLER					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Ruby Dunaway-- Webb City, Mo.					
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C.A. stomach & pancreas Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										INTERVAL BETWEEN ONSET AND DEATH 1998	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY: Hour Month, Day, Year a. m. p. m.											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from June 20, 1957 to July 9th, 1957 and last saw her him alive on 7-8-57 Death occurred at 10:20 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE B. M. Pence D.O.						22b. ADDRESS Carterville, Mo			22c. DATE SIGNED 7-9-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-11-1957		23c. NAME OF CEMETERY OR CREMATORY WEBB CITY Cemetery			23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI				
24. FUNERAL DIRECTOR HEDGE-LEWIS WEBB CITY, MISSOURI				25. DATE RECD. BY LOCAL REG. 7-10-57		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer					

(Licensed Embalmer's Statement on Reverse Side)

1400 If this body is not embalmed, fact should be so stated above.